

TVSEF Human Subjects Form (TVSEF-4)

Required for all research involving humans. IRB approval required prior to experimentation.

Student's Name

Title of Project

To be completed by Student Researcher: (All questions must be answered; additional page may be attached.)

1) Describe the purpose of this study and list all of the research procedures in which the subject will be involved. Include the duration of the subject's involvement. Attach any surveys or questionnaires.

2) Describe and assess any potential risk or discomfort, and, if any, potential benefits (physical, psychological, social, legal or other) that may be reasonably expected by participating in this research.

3) Describe the procedures that will be used to minimize risk, to obtain informed consent, and to maintain confidentiality.

To be completed by TVSEF Institutional Review Board (IRB) prior to experimentation:

Determination of risk, including physical and psychological risks.

- ☐ **Minimal risk where informed consent is recommended, but not required.**
- ☐ **Minimal risk where informed consent is REQUIRED.**
- ☐ **More than minimal risk where informed consent & a Qualified Scientist are REQUIRED.**

IRB SIGNATURES (a minimum of three signatures is required)

1) Medical Professional:

Member of IRB Printed Name	Signature	Date of Approval
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2) Science Teacher:

Member of IRB Printed Name	Signature	Date of Approval
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3) School Administrator:

Member of IRB Printed Name	Signature	Date of Approval
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**To be completed by Human Subject:
(prior to experimentation)**

- ☐ I have read and understand the conditions above, and I consent/assent to voluntarily participate in this research study.
- ☐ I realize I am free to withdraw my consent and to withdraw from this study at any time without negative consequences.
- ☐ I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.

Signature

Date

To be completed by Parent/Guardian of Human Subject: (Prior to experimentation and when participant is under 18 and informed consent is required.)

- ☐ I have read and understand the conditions and risks stated above and consent to the participation of my child.
- ☐ I have reviewed a copy of any questionnaire or survey used in the research.
- ☐ I consent to the use of visual images (photos, videos, etc.) involving my child in this research.

Signature

Date